

**GRAMA REQUEST FOR RECORDS**  
**BRIAN HEAD TOWN**  
**BRIAN HEAD, UT 84719**

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To: BRIAN HEAD TOWN  
Address: 56 North Hwy. 143 - Brian Head, UT 84719

Description of records sought (Records must be described with reasonable specificity):

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- ☐ I would like to inspect the records
- ☐ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$\_\_\_\_\_.
- ☐ I would like to receive a copy of the records and request a waiver of copy costs because:  
\_\_\_\_\_

- ☐ Release of the records primarily benefits the public rather than me.
- ☐ I am the subject of the record.
- ☐ I am the authorized representative of the subject of the record.
- ☐ My legal rights are directly affected by the record and I am impecunious.  
(Please attach information supporting your request for a waiver of fees).

If the requested records are not public, please explain why you believe you are entitled to access.

I am the subject of the record.

- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Please attached documentation required by UCA 62-2-202.)
- ☐ Other, Explain: \_\_\_\_\_
- ☐ I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under UCA 63-2-203(3).)

My Name is: \_\_\_\_\_

My address is: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

\*The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rules, or telephone the agency or State Archives. The telephone number for the State Archives is (801) 538-3102.

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## FOR AGENCY USE ONLY

Date request received: \_\_\_\_\_ Time limit for response: \_\_\_\_\_

Does GRAMA apply? It does not if:

- ☐ Access is governed by a law other than GRAMA
- ☐ Requested document is not a "record" under GRAMA.

Classification: (If GRAMA applies):

- ☐ Private
- ☐ Protected
- ☐ Controlled
- ☐ Public

Is access authorized? (Complete this section if records are private, controlled or protected)

Private: ☐ Requester is the subject of the record.  
☐ Requester is the other person authorized by UCA 63-2-202(1) and has supplied required documentation.  
☐ Requester is not authorized to have access.

Controlled: ☐ Requester is a physician, psychologist, or certified social worker, has supplied a notarized release disclosure. UCA 63-2-202(2).  
☐ Requester is not entitled to access.

Protected: ☐ Requester is person who submitted record.  
☐ Requester is other person authorized by UCA 63-2-202(4) and has supplied required documentation.  
☐ Requester is not entitled to access.

How was identification verified? \_\_\_\_\_

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Response to request:  
(See UCA 63-2-204)

- ☐ Approved, requester notified on \_\_\_\_\_.
- ☐ Denied, written denial sent on: \_\_\_\_\_.
- ☐ Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on \_\_\_\_\_.
- ☐ Extension of time claimed for extraordinary circumstances.  
Required notice sent: \_\_\_\_\_  
See UCA 63-2-204(3)(iv).

Copy fees:

Amount: \_\_\_\_\_ or, if waived, waiver approved by \_\_\_\_\_.

Hours spent responding to request:

Supervisory or professional \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_